Contract Committee Guiding Principles

1. Purpose & Scope

- Pilot study to start: COOs will choose select contracts to pilot through CRC that meets criteria below + quality related contracts where we need to add KPIs
- The UVA Community Health Contract Review Committee (CRC) ensures that all non-physician agreements align with hospital policies, regulatory requirements, and strategic objectives for Culpeper, Haymarket, and Prince William Medical Centers while creating awareness of new and expiring agreements.
- Scope includes:
    - Agreements over $100K in monetary value
    - Entity Level vendor/service agreements (e.g., IT, maintenance, facilities, consulting, safety / security)
    - Equipment leases and purchase agreements
    - Purchased services (e.g., food service, EVS, security, etc.)
    - Net new agreements (awareness only)
    - All supply/disposable agreements (once executed) should route to Lisa Sacre and copy Susan DiGiulio
- Excludes:
    - Physician employment or professional service agreements
    - CE and HIT agreements via corporate services

2. Committee Composition

- Executive Leaders: Site of Care Leadership (COOs)
- Members:
    - Legal/Compliance representative
    - Finance representative
    - Supply Chain/Procurement representative
    - Quality representative
    - Contract Owner(s)
    - Ad hoc participants: Subject matter experts for specialized contracts

3. Responsibilities

- Review contract terms for compliance, risk, and financial impact
- Ensure contracts align with strategic vision of UVA Health
- Ensure adherence to hospital policies and regulatory standards
- Maintain documentation and version control
- Review expiring contract list and bring to committee for review

- Review contract performance for at-risk measure or key performance indicators
- Awareness of new contracts being considered for execution

4. Approval Methods

- The committee is not accountable for approval of contracts. Approval will be handled by Business owner, one up leader, and the site of care administrator
- Contract owners to adhere to legal Standard Operating Procedures.
    - Additional resources and information can be found at the legal intranet page.

5. Process & Timelines – Contracts for Renewal

Step 1: Submission
- Contract owner submits documents to CRC with supporting documents (business justification and contract review. Will be notified of expiring contracts via automated email from ContractSafe.
- Timeline: Minimum 30 business days before desired execution date. Some larger contracts may require longer lead time, depending on complexity Step.

Step 2: Initial Screening
- CRC team reviews for compliance, strategic alignment and financial performance.

Step 3: Committee Review
- Full CRC evaluates risk, operational impact, and strategic fit.
- Timeline: 5–7 business days after screening.

Step 4: Decision & Communication (outside of CRC)
- Contract owner works with one up leader and site of care administrator for final approval via the contracting standard operating procedures (new and existing agreements). Ensure you are engaging with all appropriate stakeholders.

6. New Contract Intake Process:

- Goal: Create awareness of net new contracts for UVACH Contract Committee
- Intake Methods:
    - Supply Chain – Josh Davis – submission via email
    - Legal – Follow legal standard operation procedures. See appendix for list of legal team and areas of expertise
    - Clinical Engineering – Joe Powers –submission via email or e-pro

7. Expectations of Contract Owners in the Committee

Contracts for Renewal:	New Contracts:

• Awareness of expiring contracts under purview • 90 days ahead of expiration, submit complete documentation ○ draft contract, justification, objective/subjective performance if existing contract • If the agreement is clinically based, please complete and submit form in Appendix C (clinical criteria also defined there) • Respond promptly to CRC questions or requests for clarification. • Ensure internal department approvals before submission. • Ensure internal department approvals before submission.	• Partner with one-up leader and legal for contract review. • Alert / review new contract with site of care COO • Contract Committee member that is tied to the agreement will create awareness for committee new contract request

8. Governance & Reporting

- CRC meets monthly or as needed.
- Maintain a centralized contract repository.
- Quarterly reporting to senior leadership on contract volume, risk issues, and compliance trends.

Appendix A: Legal Team and Areas of Expertise

Mary Frances Southerland	Julia Barrett	Meredith Bergeson	Malcolm Thomas
• Transactional Matters • Corporate Governance • UVA Health Entity Relationships • Healthcare Compliance	• Real Estate • Healthcare Compliance & Regulatory Issues • Privacy	• Litigation & Administrative Claims • Human Resources • Third-party Subpoenas • Risk Management • Staffing Agreements	• Supply Chain • Clinical Engineering • Third-party Contracting • Construction • Contract Disputes

Appendix B: Contract Review Checklist

Contract Evaluation Criteria Checklist	
☐	Is this service critical to UVACH?
☐	Will a change in service impact quality or our culture?
☐	Are there benchmarks we can compare performance to?
☐	Are there alternative models to consider?
☐	Can we bring this service in-house?
☐	Can we renegotiate any existing agreements?
☐	Can we consolidate services into one vendor?
☐	Does the contract have existing KPIs? Do they align with our goals and how is the vendor performing?

Appendix C: Clinical Contract Evaluation

Clinically Based Contract Definitions:

This standard (LD.04.03.09) applies to any contracted service that directly supports patient care and requires these services to be evaluated for quality and safety; it does not apply to non-clinical contracts. Examples include:

- Physician groups (ED, Radiology, Pathology)
- Telemedicine
- Mobile imaging
- Interpreter services
- Key support services such as dialysis, pharmacy, dietary, environmental/laundry (care environment), rehab (PT/OT/Speech), agency nurses, and student clinical programs.

Contract/Service Name: _____

Type of Service Provided: _____

Contracting Department: _____

Contract Start/End Date: _____

Date of Evaluation: _____

Performance Metrics Monitoring

Performance Expectations Defined	Meets Expectation?	Comments/Actions
Timeliness of service delivery	☐ Yes ☐ No	
Quality/performance targets (e.g., reporting timeframes)	☐ Yes ☐ No	
Expected qualifications & competencies	☐ Yes ☐ No	
Safety & risk management expectations	☐ Yes ☐ No	

Quality Metrics Per Contract

Indicator	Target	Current Performance	Meets Expectation?	Comments/Actions
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

Notes: Organizations must monitor contracted services against expectations, including performance measures and quality indicators tied to service delivery.

Overall Evaluation & Recommendations

Overall Assessment

Question	Meets Expectation?	Comments/Actions
Contract service meets expectations	☐ Yes ☐ No	
Quality & safety performance acceptable	☐ Yes ☐ No	
Contract compliance with regulatory requirements	☐ Yes ☐ No	

Action Plan / Follow-Up Required

☐ No follow-up required
☐ Address deficiencies with vendor
☐ Renegotiate contract terms
☐ Terminate contract
☐ Other: _____

Summary of Actions to be Taken:

Contract Owner Signature: _____ Date: _____

Leadership Review

Department	Designee Name	Reviewed & approved
Infection Prevention		
Quality Management		
Nursing		
Support Services		
Medical Leadership		
Compliance		
Other		